

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 28 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name STEVEN PALAZZO
Full Address PO BOX 6888, GULFPORT, MS 39506
Telephone 228-396-8800 Fax 228-396-8866
Contact Name _____ Email spalazzo@palazzomc.com
Office Sought STATE REP 116 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3255 + \$449	\$ 3595	\$ 3595
Total amount of disbursements	\$3704 + \$	\$ 3704	\$ 3704
Total amount of cash on hand		\$ 11,046	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/28/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Parazzo
Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name <u>NFRW (Republican)</u>	Date (Mo., Day, Year) <u>1/13/09</u>	Amount of each disbursement this period \$ <u>1,000</u>
Mailing Address <u>124 N Alford St</u>		\$ <u>1,000</u>
City, State, Zip Code <u>Alexandria, VA 22304</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Regents Membership</u>	Aggregate Year-to-date	\$ <u>1,000</u>
B. Full name <u>Amber Peterson</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>955</u>
Mailing Address <u>11575 Old Ave.</u>	<u>1/1/10</u>	\$ <u>955</u>
City, State, Zip Code <u>Baltimore, MD 39503</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Contract Labor</u>	Aggregate Year-to-date	\$
C. Full name <u>Citizens League</u>	Date (Mo., Day, Year) <u>7/17/09</u>	Amount of each disbursement this period \$ <u>500</u>
Mailing Address <u>Po Box 915</u>		\$ <u>300</u>
City, State, Zip Code <u>Ocean Springs, MS 39566</u>	<u>11/16/09</u>	\$ <u>300</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>800</u>
D. Full name <u>O'Donoghue H.S.</u>	Date (Mo., Day, Year) <u>8/5/09</u>	Amount of each disbursement this period \$ <u>300</u>
Mailing Address <u>3320 Warrier Drive</u>		\$ <u>300</u>
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Advertisement</u>	Aggregate Year-to-date	\$ <u>300</u>
E. Full name <u>St Patrick Catholic HS</u>	Date (Mo., Day, Year) <u>8/5/09</u>	Amount of each disbursement this period \$ <u>200</u>
Mailing Address		\$ <u>200</u>
City, State, Zip Code <u>Highway 67, Baltimore, MS 39503</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>Advertisement</u>	Aggregate Year-to-date	\$ <u>200</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/10</u>	\$
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee PALA 220
Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>2/16/09</u>	\$ <u>500</u>
Mailing Address <u>135 N Church St.</u>		<u>7/14/09</u>	\$ <u>500</u>
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) <u>Spartanburg, SC 29306</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chercon Corp.</u>		<u>10/16/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 9034</u>		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) <u>Concord, CA 94524</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS</u>		<u>11/6/05</u>	\$ <u>500</u>
Mailing Address <u>175 E Capital St.</u>		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) <u>Tellison, MS 39201</u>		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Mitchell</u>		<u>12/11/09</u>	\$ <u>250.00</u>
Mailing Address <u>904 Mitchell Ln</u>		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) <u>Peachtree City, GA 30269</u>		____/____/____	\$
Occupation (Required) <u>Registered</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Pharm
Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS TAX INST.</u>	<u>12/11/09</u>	\$ <u>595</u>
Mailing Address	<u>PO Box 16630</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Tulsa, OK 74106</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>MS 39236</u>	<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>595</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Georgia Pacific</u>	<u>12/17/09</u>	\$ <u>250</u>
Mailing Address	<u>PO Box 61270</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Phoenix, AZ 85082</u>	<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Pharma Research</u>	<u>12/28/09</u>	\$ <u>500</u>
Mailing Address	<u>771 North St.</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Baton Rouge, LA 70802</u>	<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$